



ENROLMENT FORM

Please fill in BLOCK letters ♦ Strike out whichever is not applicable

Name (in full – no initials please)

First & Middle Name

Last Name

Residential Address

City

State

PIN

Home Phone

STD code

Telephone Number

Fax

STD code

Facsimile Number

E-mail

Date of Birth

Day

Month

Year

Sex

Male / Female

Date of joining AAI

Day

Month

Year

Employer

Airports Authority of India / other organization (Please provide organization name below)

Designation

Present Posting

Location Indicator

Name of Station

I am enrolling myself as a member of **SC/ST EMPLOYEES WELFARE ASSOCIATION (REGD)**. I have fully acquainted myself with the **Constitution of SC/ST EMPLOYEES WELFARE ASSOCIATION (REGD)** and agree to abide by it in letter and spirit.

(Signature of Member with Date)

Certified that the above named Controller is eligible to become a member of the Guild and have paid admission fee along with first year's subscription.

(Branch / Regional Secretary)

(General Secretary)

Kindly send the completed form to:
General Secretary, AAI SC/ST EMPLOYEES WELFARE ASSOCIATION,
T-3/9, Pocket 'B', I.N.A. Colony, New Delhi 110023
either through your elected representative at your station or directly.